

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

**FILED**  
U. S. DISTRICT COURT  
EASTERN DISTRICT OF TEXAS

## UNITED STATES DISTRICT COURT

for the

OCT 16 2020

District of TEXASHOUSTON DivisionBY  
DEPUTY \_\_\_\_\_Mondeliza P. Hawkins

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No. 1:20cv421

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ No

-v-

Claim Administrator, Philip Settlement Facility  
Dow Chemical Trust, Claimant Advisory Com-  
mittee, Dow Chemical Trust, Plaintiff Settlement  
Agreement by U.S. District Court in Eastern Michigan

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

## COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name Mardeliza R. Hopkins  
 Address 735 Berkshire Place  
Oxnard California 93033  
 City State Zip Code  
 County Ventura  
 Telephone Number 805 853 8797  
 E-Mail Address jmhops138@Outlook.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

**Defendant No. 1**

Name Claim Administrator - Philip - Settlement Facility  
 Job or Title (if known) Pew Charitable Trust - Administrator  
 Address P.O. Box 62429  
Houston TEXAS 77052-2489  
 City State Zip Code  
 County \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-Mail Address (if known) info@pact.com or www.settlement.com  
☐ Individual capacity ☒ Official capacity

**Defendant No. 2**

Name Claimant Advisory Committee  
 Job or Title (if known) Appointed by the Court  
 Address P.O. Box 665  
St. Mary's OH 45885  
 City State Zip Code  
 County \_\_\_\_\_  
 Telephone Number 419 394-0717  
 E-Mail Address (if known) info@alteromon.org  
☐ Individual capacity ☒ Official capacity

## Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## Defendant No. 3

Name

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐

Individual capacity

☐

Official capacity

## Defendant No. 4

Name

Job or Title (if known)

Address

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐

Individual capacity

☐

Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☐Federal officials (a *Bivens* claim)☒

State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

*I was deprived of my civil right when to collect the award Court on the Settlement. Facilitate after all complying with the rules and have that governing my legal claim telling me I am not qualified or my claim was denied when I send all that required proof and complied to the rules of their filling the only give me is the stipulation expenses of 3,000 dollars and \$100 for percentage award the rest told me I was denied. My case is closed*

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed. *After complying to submit the proof of my manufacturer and was identified my implant he denied my claim. all the disease of my medical record and the lab and x ray the diagnosis of a qualified doctors and specialist like rheumatology all has been submitted and signed by the doctor. the medical records that is complete and the proof of manufacturer still they denied me for payment. I believe all this claim and suffering this claim is demonstrable and the claimant committed as accountable for their action.*

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur? *after all been submitted my medical implantation proof and the one who identified who manufacture my breast silicone Dow Corning Breast Implant by scientist Dr. Blair from Canada and the doctor who performed my surgery Barrett in Florida still the Dow Corning Facility Settlement Facility deny me for my claim even I have a claim from bankruptcy no. still I am denied and refused to pay me under my breast claim.*
- B. What date and approximate time did the events giving rise to your claim(s) occur? *Since 2008 or 2010 up to this time everytime I call they wont answer my call in CAC in Dow Corning Settlement Facility even I call or write me a letter telling my claim is denied and closed.*
- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?) *The hardship I am going through the pain that I am suffering due to the illness I develop is so much I could hardly walk without the cane and other support. this lupus & scleroderma is affecting any organ of my body. my back my hips, my hearing, my eyesight is affecting the disease I develop from the breast implant and all this medical record diagnosis of specialist been submitted for all proof. I believe with the hardest thing is happening still disqualified and their accountable for their denial because I could not even buy my implant to support my over the counter medication and any order that will help my pain.*



**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

all this medical record from South Carolina to California the injury I am suffering cause by the breast implants and even all this diagnosis that I am entitled for that money because of what disease I developed and what I am going through but this Dow Corning Administrator keep denying me for the money that by law I am entitled and awarded by Court to my claim.

**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

all this hardship and the pain and suffering I am having and still denied I pray to the Court for Justice to my Case, loss of Consortium mental anguish, pain and suffering mental anguish and distress I pray to the Court for relief that I am going through for denied award that I am entitled to I can buy some other over the counter medical relief that Medicare and medical won't cover. I am praying for two million dollars and I ask for Jury trial to get justice, but this people discriminate me because maybe I am totally helpless disabled and Oriental that maybe that is the reason why they keep denying my claim.

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: October 13, 2020

Signature of Plaintiff

Printed Name of Plaintiff

Flordeliza A. Hawkins  
FLORDELIZA A. HAWKINS

**B. For Attorneys**

Date of signing:

no attorney

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

not represented  
by an attorney

N/A

N/A  
City

State

Zip Code

Telephone Number

E-mail Address

N/A

JS 44 (Rev. 10/20)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

|   |   |
|---|---|
| <b>I. (a) PLAINTIFFS</b> <i>Hawkins, Orneliza, A</i>  | <b>DEFENDANTS</b> <i>Claim Administrator, Deo Coning Facility, Deo Coning Trust - Claimant Advisory Committee</i>           |
| <b>(b)</b> County of Residence of First Listed Plaintiff<br><small>(EXCEPT IN U.S. PLAINTIFF CASES)</small> | <b>County of Residence of First Listed Defendant</b> <i>Houston, Texas</i><br><small>(IN U.S. PLAINTIFF CASES ONLY)</small> |
| <b>(c)</b> Attorneys (Firm Name, Address, and Telephone Number) <i>No Attorney</i>                          | <b>Attorneys (If Known)</b>   |

| <b>II. BASIS OF JURISDICTION</b> (Place an "X" in One Box Only)  | <b>III. CITIZENSHIP OF PRINCIPAL PARTIES</b> (Place an "X" in One Box for Plaintiff and One Box for Defendant)   |                            |   |                            |                                       |     |     |                       |                            |                            |   |                            |                                       |                          |                                       |                            |   |                            |                            |   |                            |                            |                |                            |                            |
|--|--|----------------------------|---|----------------------------|---------------------------------------|-----|-----|-----------------------|----------------------------|----------------------------|---|----------------------------|---------------------------------------|--------------------------|---------------------------------------|----------------------------|---|----------------------------|----------------------------|---|----------------------------|----------------------------|----------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 U.S. Government Plaintiff<br><input type="checkbox"/> 2 U.S. Government Defendant<br><input checked="" type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)<br><input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III) | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>PTF</th> <th>DEF</th> <th></th> <th>PTF</th> <th>DEF</th> </tr> <tr> <td>Citizen of This State</td> <td><input type="checkbox"/> 1</td> <td><input type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business In This State</td> <td><input type="checkbox"/> 4</td> <td><input checked="" type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td><input checked="" type="checkbox"/> 2</td> <td><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td><input type="checkbox"/> 6</td> <td><input type="checkbox"/> 6</td> </tr> </table> |                            | PTF   | DEF                        |                                       | PTF | DEF | Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 | Citizen of Another State | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
|  | PTF  | DEF                        |   | PTF                        | DEF                                   |     |     |                       |                            |                            |   |                            |                                       |                          |                                       |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| Citizen of This State  | <input type="checkbox"/> 1   | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |     |     |                       |                            |                            |   |                            |                                       |                          |                                       |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| Citizen of Another State   | <input checked="" type="checkbox"/> 2  | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5            |     |     |                       |                            |                            |   |                            |                                       |                          |                                       |                            |   |                            |                            |   |                            |                            |                |                            |                            |
| Citizen or Subject of a Foreign Country  | <input type="checkbox"/> 3   | <input type="checkbox"/> 3 | Foreign Nation  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6            |     |     |                       |                            |                            |   |                            |                                       |                          |                                       |                            |   |                            |                            |   |                            |                            |                |                            |                            |

| IV. NATURE OF SUIT (Place an "X" in One Box Only)  |  |  | Click here for: <a href="#">Nature of Suit Code Descriptions.</a>   |  |
|--|--|--|---|--|
| <b>CONTRACT</b><br><input type="checkbox"/> 110 Insurance<br><input type="checkbox"/> 120 Marine<br><input type="checkbox"/> 130 Miller Act<br><input type="checkbox"/> 140 Negotiable Instrument<br><input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment<br><input type="checkbox"/> 151 Medicare Act<br><input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans)<br><input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits<br><input type="checkbox"/> 160 Stockholders' Suits<br><input type="checkbox"/> 190 Other Contract<br><input type="checkbox"/> 195 Contract Product Liability<br><input type="checkbox"/> 196 Franchise | <b>TORTS</b><br><b>PERSONAL INJURY</b><br><input type="checkbox"/> 310 Airplane<br><input type="checkbox"/> 315 Airplane Product Liability<br><input type="checkbox"/> 320 Assault, Libel & Slander<br><input type="checkbox"/> 330 Federal Employers' Liability<br><input type="checkbox"/> 340 Marine<br><input type="checkbox"/> 345 Marine Product Liability<br><input type="checkbox"/> 350 Motor Vehicle<br><input type="checkbox"/> 355 Motor Vehicle Product Liability<br><input type="checkbox"/> 360 Other Personal Injury<br><input type="checkbox"/> 362 Personal Injury - Medical Malpractice<br><b>PERSONAL INJURY</b><br><input type="checkbox"/> 365 Personal Injury - Product Liability<br><input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability<br><input type="checkbox"/> 368 Asbestos Personal Injury Product Liability<br><b>PERSONAL PROPERTY</b><br><input type="checkbox"/> 370 Other Fraud<br><input type="checkbox"/> 371 Truth in Lending<br><input type="checkbox"/> 380 Other Personal Property Damage<br><input type="checkbox"/> 385 Property Damage Product Liability | <b>FORFEITURE/PENALTY</b><br><input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881<br><input type="checkbox"/> 690 Other<br><b>LABOR</b><br><input type="checkbox"/> 710 Fair Labor Standards Act<br><input type="checkbox"/> 720 Labor/Management Relations<br><input type="checkbox"/> 740 Railway Labor Act<br><input type="checkbox"/> 751 Family and Medical Leave Act<br><input type="checkbox"/> 790 Other Labor Litigation<br><input type="checkbox"/> 791 Employee Retirement Income Security Act<br><b>IMMIGRATION</b><br><input type="checkbox"/> 462 Naturalization Application<br><input type="checkbox"/> 465 Other Immigration Actions | <b>BANKRUPTCY</b><br><input type="checkbox"/> 422 Appeal 28 USC 158<br><input type="checkbox"/> 423 Withdrawal 28 USC 157<br><b>PROPERTY RIGHTS</b><br><input type="checkbox"/> 820 Copyrights<br><input type="checkbox"/> 830 Patent<br><input type="checkbox"/> 835 Patent - Abbreviated New Drug Application<br><input type="checkbox"/> 840 Trademark<br><input type="checkbox"/> 880 Defend Trade Secrets Act of 2016<br><b>SOCIAL SECURITY</b><br><input type="checkbox"/> 861 HTA (1395ff)<br><input type="checkbox"/> 862 Black Lung (923)<br><input type="checkbox"/> 863 DIWC/DIWW (405(g))<br><input type="checkbox"/> 864 SSID Title XVI<br><input type="checkbox"/> 865 RSI (405(g))<br><b>FEDERAL TAX SUITS</b><br><input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant)<br><input type="checkbox"/> 871 IRS—Third Party 26 USC 7609 | <b>OTHER STATUTES</b><br><input type="checkbox"/> 375 False Claims Act<br><input type="checkbox"/> 376 Qui Tam (31 USC 3729(a))<br><input type="checkbox"/> 400 State Reapportionment<br><input type="checkbox"/> 410 Antitrust<br><input type="checkbox"/> 430 Banks and Banking<br><input type="checkbox"/> 450 Commerce<br><input type="checkbox"/> 460 Deportation<br><input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations<br><input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692)<br><input type="checkbox"/> 485 Telephone Consumer Protection Act<br><input type="checkbox"/> 490 Cable/Sat TV<br><input type="checkbox"/> 850 Securities/Commodities/Exchange<br><input type="checkbox"/> 890 Other Statutory Actions<br><input type="checkbox"/> 891 Agricultural Acts<br><input type="checkbox"/> 893 Environmental Matters<br><input type="checkbox"/> 895 Freedom of Information Act<br><input type="checkbox"/> 896 Arbitration<br><input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision<br><input type="checkbox"/> 950 Constitutionality of State Statutes |
| <b>REAL PROPERTY</b><br><input type="checkbox"/> 210 Land Condemnation<br><input type="checkbox"/> 220 Foreclosure<br><input type="checkbox"/> 230 Rent Lease & Ejectment<br><input type="checkbox"/> 240 Torts to Land<br><input type="checkbox"/> 245 Tort Product Liability<br><input type="checkbox"/> 290 All Other Real Property   | <b>CIVIL RIGHTS</b><br><input checked="" type="checkbox"/> 440 Other Civil Rights<br><input type="checkbox"/> 441 Voting<br><input type="checkbox"/> 442 Employment<br><input type="checkbox"/> 443 Housing/Accommodations<br><input type="checkbox"/> 445 Amer. w/Disabilities - Employment<br><input type="checkbox"/> 446 Amer. w/Disabilities - Other<br><input type="checkbox"/> 448 Education  | <b>PRISONER PETITIONS</b><br><b>Habeas Corpus:</b><br><input type="checkbox"/> 463 Alien Detainee<br><input type="checkbox"/> 510 Motions to Vacate Sentence<br><input type="checkbox"/> 530 General<br><input type="checkbox"/> 535 Death Penalty<br><b>Other:</b><br><input type="checkbox"/> 540 Mandamus & Other<br><input type="checkbox"/> 550 Civil Rights<br><input type="checkbox"/> 555 Prison Condition<br><input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement  |   |  |

| V. ORIGIN (Place an "X" in One Box Only)                  |   |  |   |  |  |   |  |
|---|---|--|---|--|--|---|--|
| <input checked="" type="checkbox"/> 1 Original Proceeding | <input type="checkbox"/> 2 Removed from State Court | <input type="checkbox"/> 3 Remanded from Appellate Court | <input type="checkbox"/> 4 Reinstated or Reopened | <input type="checkbox"/> 5 Transferred from Another District (specify) | <input type="checkbox"/> 6 Multidistrict Litigation - Transfer | <input type="checkbox"/> 8 Multidistrict Litigation - Direct File |  |

|                                     |  |
|-------------------------------------|--|
| <b>VI. CAUSE OF ACTION</b>          | Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):<br><i>Violation of my Civil Rights - 4240</i><br>Brief description of cause: <i>Depriving me the money that Court awarded as breast implant claim. Discriminate me by telling me I am not entitled even after the proof and Court decision.</i> |
| <b>VII. REQUESTED IN COMPLAINT:</b> | <input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.<br>DEMAND \$ <i>2,000,000.00</i> CHECK YES only if demanded in complaint:<br>JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |
| <b>VIII. RELATED CASE(S) IF ANY</b> | <i>DNCF 065280, PDC# 0029240 - 00 Claim No. 6184621 - SID</i><br>(See instructions):<br>JUDGE _____ DOCKET NUMBER <i>95-20512</i>  |

DATE *October 13, 2020*

SIGNATURE OF ATTORNEY OF RECORD

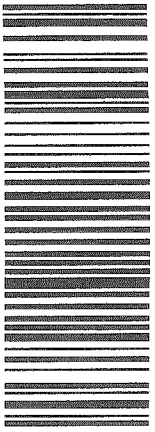
*PRO SE - Hawkins Orneliza A. Hawkins*

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_



FROM: FLORENCE A. HAWKINS  
735 BERKSHIRE PLACE  
OXNARD, CALIFORNIA  
93033-7729



7020 0090 0001 2509 3545



TO: CLERK OF COURT  
UNITED STATES DISTRICT COURT  
JACK BROOKS FEDERAL BUILDING  
300 WILLOW STREET SUITE 104  
BEAUMONT, TEXAS 77701

CLERK, U.S. DISTRICT COURT  
RECEIVED

OCT 16 2020

EASTERN DISTRICT OF TEXAS  
BEAUMONT, TEXAS

